

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
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2016 FEB -2 AM 9:59

KHALIYQ SELLERS

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

PAROLE OFFICER JOSEPH M. GATES

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ No

(check one)

JUDGE TRIAL
WANTED

16CV 0779

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name KHALIYQ SELLERS
 ID # 07 A 0883
 Current Institution FISHKILL CORRECTIONAL FACILITY
 Address 18 STRACK DR., BOX 1245
BEACON, NEW YORK 12508

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name JOSEPH M. GATES Shield # _____
 Where Currently Employed N.Y.S.D.O.C.C.S. - DIVISION OF PAROLE (BRONX UNIT)
 Address 79 ALEXANDER AVENUE
BRONX, NEW YORK

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
NY.S.D.C.C.S - DIVISION OF PAROLE, BRONX UNIT OFFICE, LOCATED
AT 79 ALEXANDER AVENUE, BRONX, NEW YORK.
- B. Where in the institution did the events giving rise to your claim(s) occur?
IN THE OFFICE AREA OF PAROLE OFFICE JOSEPH M. GATES

- C. What date and approximate time did the events giving rise to your claim(s) occur?
ON FEBRUARY 14, 2013 AT APPROXIMATELY 11 A.M. OR
MID-DAY

D. Facts: ON 2/14/13, I WAS ARRESTED BY P.O. JOSEPH M. GATES DURING AN OFFICE REPORT, HANDCUFFED AND TAKEN BY HIM TO NEW YORK STATE DEPARTMENT OF CORRECTIONS FACILITY KNOWN AS EDGEcombe. SAID P.O. GATES HAD DETERMINED BY HIMSELF THAT I WOULD BE PLACED IN THE DRUG PROGRAM WITHIN EDGEcombe CORRECTIONAL FACILITY FOR A PERIOD OF 45 DAYS AT MINIMUM. AT SAID CORRECTIONAL FACILITY IT WAS DETERMINED THAT I COULD NOT PARTICIPATE IN SAID PROGRAM. I WAS THEN DRIVEN BACK TO THE BRONX PAROLE OFFICE AND THEN P.O. JOSEPH M. GATES REQUESTED AN ARREST WARRANT FROM SENIOR PAROLE OFFICER SANTIAGO, ALTHOUGH I HAD BY THEN ALREADY BEEN UNDER ARREST FOR SOME HOURS. AFTER PRODUCTION OF THE WARRANT I TAKEN TO BRONX CENTRAL BOOKING AND WENT THROUGH THE REVOCATION OF POST RELEASE SUPERVISION PROCEDURE, ALTHOUGH P.O. JOSEPH M. GATES HAD BEFORE DETERMINED MY REVOCATION AND BEEN METED OUT PUNISHMENT, WHICH WAS ONLY STOPPED DUE TO MY INABILITY TO BE HELD IN THE PARTICULAR CORRECTIONAL FACILITY HE HAD TAKEN ME TO. I WAS THEN TAKEN THROUGH REVOCATION WHICH REVOKED AND RESTORED MY POST RELEASE SUPERVISION, WITHOUT DUE PROCESS, AND RELEASED AFTER BEING HELD INCARCERATED AFTER APPROXIMATELY ONE AND A HALF MONTHS.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. INJURIES INCLUDE LOSS OF LIBERTY WITHOUT DUE PROCESS, LOSS OF WAGES, LOSS OF PROPERTY, LOSS OF HOME AND EMPLOYMENT

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

NOT A GRIEVABLE ISSUE.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: SENT A COMPLAINT WITH N.Y.S.D.C.C.S. DIVISION OF PAROLE ABOUT INCIDENT AND APPEALED THE REVOCATION WHICH STEMMED FROM INCIDENT THOUGH I WAS NEVER GIVEN FINAL DETERMINATION OF NOTICE OF DECISION. DIVISION OF PAROLE IGNORED COMPLAINT AND STATED MY APPEAL IS LATE THOUGH IT WASN'T.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. THOUGH THERE IS A TIME LIMIT FOR NOTICE OF APPEAL, IT ONLY BEGINS TO RUN WHEN PERSON OR PERSON'S ATTORNEY IS GIVEN WRITTEN NOTICE OF DECISION / DETERMINATION OF REVOCATION OF POST-RELEASE SUPERVISION.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). DAMAGE AWARD / COMPENSATION IN THE

AMOUNT OF \$50,000 (FIFTY THOUSAND DOLLARS UNITED STATES DENOMINATION)

VI. **Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☒ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff GOBEED KHALIYQ SELLERS

Defendants THE STATE OF NEW YORK

2. Court (if federal court, name the district; if state court, name the county) COURT OF CLAIMS, ALBANY, N.Y.

3. Docket or Index number UNKNOWN

4. Name of Judge assigned to your case UNKNOWN

5. Approximate date of filing lawsuit 2008

6. Is the case still pending? Yes ____ No ☒

If NO, give the approximate date of disposition JUNE 2011

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) JUDGMENT IN MY FAVOR

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28 day of JANUARY, 2016.

Signature of Plaintiff

Inmate Number

Institution Address



07A D883

FISHKILL CORRECTIONAL FACILITY

18 STRACK DR, BOX 1245

BEACON, N.Y. 12508

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 28 day of JANUARY, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



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FISHKILL CORRECTIONAL FACILITY
BOX 1245
BEACON, NEW YORK 12508

NAME: KHALID SELLERS DIN: 07 A 0883

FISHKILL
CORRECTIONAL
FACILITY



ZIP 12508
041L11251113

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01/29/2016
US POSTAGE \$000.70⁵

LEGAL
MAIL CLASS MAIL

PRO SE OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT
500 PEARL ST.
NEW YORK, N.Y. 10007

10007 51360 0014

